



ILLINOIS STATE TREASURER'S EMPLOY ILLINOIS: BUSINESS LOAN PROGRAM APPLICATION

Tracking Number

Office Use Only

APPLICATION TO PARTICIPATE IN THE TREASURER'S EMPLOY ILLINOIS: BUSINESS LOAN PROGRAM

This form is to be completed by a representative of a company seeking to borrow funds from a financial institution for a project that is eligible for support under the Employ Illinois: Business Loan Program sponsored by the Office of Illinois State Treasurer Alexi Giannoulias. This form should be completed with the assistance of the financial institution that will be the lender. The information on this form will allow the Treasurer's Office to determine eligibility for participation in the program. *Please type all requested information. Use separate sheets and cite section numbers where appropriate.*

Section 1

APPLICANT/FINANCIAL INSTITUTION INFORMATION

Type of Business Loan

☐ Job Creation ☐ Small Business ☐ Reserve Forces

1.1 Briefly describe the use of the deposit:

1.2 Applicant Information:

Applicant Name:

Address:

City, County, State, Zip:

Tax I.D. Number:

Standard Industrial Classification Number:

Contact Person:

Title:

Phone Number:

Fax Number:

E-mail Address:

How did you hear about this program?

1.3 Financial Institution:

Institution Name:

Address:

City, County, State, Zip:

Contact Person:

Title:

Phone Number:

Fax Number:

E-mail Address:

Section 2

PROJECT/LOAN INFORMATION

Please type the following information on separate sheets, as needed, in the following format. Use the section numbers provided.

2.1 Project Information:

2.1.1 Provide a detailed description of this business and purpose of this project.

2.1.2 Location of the project (Street, City, County and Zip Code).

2.1.3 A description of the benefit to the people of Illinois.

2.1.4 An explanation of the need for funding through the State Treasurer's Employ Illinois: Business Loan Program.

2.1.5 The negative implications if this project is not implemented.

2.1.6 Describe, to the best of your knowledge, whether this project will reduce employment at any other site within the State of Illinois.

2.1.7 Provide a brief explanation why other loan financing is not adequate and why the Treasurer's linked deposit is the necessary incentive for the project to be implemented.

Please complete the appropriate section for the program component for which you are applying:

2.1.8A For **Job Creation**, below provide the total number of full-time and part-time jobs that will be created and the combined salaries/wages of all jobs created:

Total number of full-time jobs:

Total number of part-time jobs:

Total number of all jobs created (add the number of full time and part time):

Total salaries/wages for jobs created:

Attach a detailed list of each of the jobs listed above including the title of the position, whether it is full time or part time, permanent or temporary, the salary/wage and starting date.

2.1.8B For **Small Business**, please provide an explanation of the benefit that will be provided to the business through the loan. Note that the maximum deposit available through this program component is \$1M. Attach a copy of the business' financial statements and/or tax returns for the last two years.

2.1.8C For **Reserve Forces**, please attach a copy of the individual's activation letter and provide an explanation of the business' economic hardship anticipated during the period of activation. Provide proof that the activated individual is the owner or an essential employee of the business. Note that the maximum deposit available through this program component is \$250,000.

2.2 Financial Information:

2.2.1 Term of deposit: (2 year maximum initial deposit with a possible 3-year renewal)

2.2.2 Amount of deposit requested: (deposit amount cannot exceed loan value)

2.2.3 Additional funding sources and amounts: List if applicable (i.e. equity, grants, loans, etc.)

Source:

Total cost of project: (Including this deposit request and additional funding sources)

\$ _____

Amount:

\$ _____

\$ _____

\$ _____

2.3 Funding Information:

2.3.1 Property Acquisition: (Attach a fully executed sales contract.)

2.3.2 Construction/Leaseholder Improvements: (Attach contractor's cost estimates.)

2.3.3 Equipment/Machinery: (Attach price quotes from vendors.)

2.3.4 Inventory (Attach an itemized list of inventory requirements.)

2.3.5 Working Capital (Attach an itemized list of working capital needs.)

Total:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Section 3

CERTIFICATIONS & ACKNOWLEDGEMENTS

By signing below the applicant agrees and certifies as follows:

- The State Treasurer's Office may withdraw the deposit and the financial institution may accelerate repayment of the loan if the borrower fails to satisfy all of the requirements of the Employ Illinois: Business Loan Program.
- Neither the applicant, nor an immediate family member of the borrower, is a director, officer or employee of the financial institution or the State Treasurer's Office.
- The applicant understands that all information and documentation regarding the State Treasurer's Employ Illinois: Business Loan Program is public information. The State Treasurer's Office may release any information provided to it by the applicant and may also release any information regarding the approval or rejection of the application.
- The applicant understands that the State Treasurer's Office may reject any application for any reason at its sole discretion.
- The applicant will allow signage - provided by the Treasurer's Office - to be displayed at the project site listing contact information regarding this program.
- Borrower acknowledges that the Treasurer's Office may perform site visits at the project location for compliance purposes. Borrower also agrees to cooperate with the Treasurer's Office in carrying out the site visit.
- I (we) certify, to the best of my (our) knowledge, that the foregoing statements and the information I (we) have provided are true and complete. I (we) shall promptly notify the Illinois State Treasurer's Office of any changes in the information provided. I (we) understand that a false or incomplete statement may result in the Treasurer's Office withdrawing the deposit and the financial institution accelerating the repayment of the loan without penalty and both entities seeking any other available relief. **I (we) also understand that an individual who provides a false statement may be subject to criminal prosecution under the Illinois Criminal Code (720 ILCS 5 et seq.).**

Applicant Signature: _____ Title: _____
(Chief Officer or Authorized Designee)

Print Name: _____ Date: _____

Applicant Signature: _____ Title: _____

Print Name: _____ Date: _____

Please return this completed application and Project/Loan Information (from Section 2) to:

Illinois State Treasurer Alexi Giannoulias
Employ Illinois: Business Loan Program
100 West Randolph Street, Suite 15-600
Chicago, Illinois 60601
Phone: (312) 814-8953 • Fax: (312) 814-3716
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